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## TELEFAX

Date: March 20, 2006 Total pages: 12 (w/fax cover sheet)  
To: USPTO Telephone: Telefax: 571-273-8300  
From: Patrea L. Pabst Telephone: 404-879-2151 Telefax: 404-879-2160  
Our Docket No. MBX 041 Client/Matter No. 077832-00140

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## MESSAGE:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephanie Aquin, Oliver P. Peoples, and Kristi D. Snell  
Serial No: 09/991,152 Art Unit: 1638  
Filed: November 16, 2001 Examiner: Elizabeth F. McElwain  
For: *PRODUCTION OF MEDIUM CHAIN LENGTH POLYHYDROXYALKANOATES  
FROM FATTY ACID BIOSYNTHETIC PATHWAYS*

Attachments:

Transmittal Form PTO/SB/21;  
Fee Transmittal PTO/SB/17; and  
Amendment and Response to Office Action

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/991,152	
	Filing Date	November 16, 2001	
	First Named Inventor	Stephanie Aquin	
	Art Unit	1638	
	Examiner Name	Elizabeth McElwain	
Total Number of Pages in This Submission	11	Attorney Docket Number	MBX 041

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature		
Printed name	Patrea L. Pabst	
Date	March 17, 2006	Reg. No. 31,284

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Peggy McKinney
Date	March 20, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

**Complete if Known**

Application Number	09/991,152
Filing Date	November 16, 2001
First Named Inventor	Stephanie Aquil
Examiner Name	Elizabeth McElwain
Art Unit	1638
Attorney Docket No.	MBX 041

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MAR 20 2006**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
25	- 20 or HP =	0	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP =	0	0

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Signature	Registration No. 31,284	Telephone 404-879-2151
Name (Print/Type) Patrea L. Pabst	(Attorney/Agent)	Date March 17, 2006

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Examiner: Elizabeth McElwain

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FROM FATTY ACID BIOSYNTHETIC PATHWAYS*Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## SUBSTITUTE AMENDMENT AND RESPONSE

Sir:

Responsive to the Notice of Non-Responsive Amendment mailed February 27, 2006 and the Office Action mailed on August 30, 2005, please amend the application as follows.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

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